

APPENDIX F

Measurable Characteristics of the Medical Home (CCHAP)

Continuous

- The same primary pediatric health care professionals are available from infancy through adolescence and young adulthood.
- Assistance with transitions, in the form of developmentally appropriate health assessments and counseling, is available to the child or youth and family.
- The medical home provider participates to the fullest extent allowed in care and discharge planning when the child is hospitalized or care is provided at another facility or by another provider

Accessible

- Care is provided in the child's or youth's community.
- All insurance, including Medicaid, is accepted.
- Changes in insurance are accommodated.
- Practice is accessible by public transportation, where available.
- Families or youth are able to speak directly to the physician when needed.
- The practice is physically accessible and meets Americans With Disabilities Act requirements.

Family centered

- The medical home provider is known to the child or youth and family.
- Mutual responsibility and trust exists between the patient and family and the medical home physician.
- The family is recognized as the principal caregiver and center of strength and support for child.
- Clear, unbiased, and complete information and options are shared on an ongoing basis with the family.
- Families and youth are supported to play a central role in care coordination.
- Families, youth, and physicians share responsibility in decision making.
- The family is recognized as the expert in their child's care, and youth are recognized as the experts in their own care.

Comprehensive

- Care is delivered or directed by a well-trained physician who is able to manage and facilitate essentially all aspects of care.
- Ambulatory and inpatient care for ongoing and acute illnesses is ensured, 24 hours a day, 7 days a week, 52 weeks a year.
- Preventive care is provided that includes immunizations, growth and development assessments, appropriate screenings, health care supervision, and patient and parent counseling about health, safety, nutrition, parenting, and psychosocial issues.
- Preventive, primary, and tertiary care needs are addressed.
- The physician advocates for the child, youth, and family in obtaining comprehensive care and shares responsibility for the care that is provided.
- The child's or youth's and family's medical, educational, developmental, psychosocial, and other service needs are identified and addressed.

- Information is made available about private insurance and public resources, including Supplemental Security Income, Medicaid, the State Children's Health Insurance Program, waivers, early intervention programs, and Title V State Programs for Children With Special Health Care Needs.
- Extra time for an office visit is scheduled for children with special health care needs, when indicated.

Coordinated

- A plan of care is developed by the physician, child or youth, and family and is shared with other providers, agencies, and organizations involved with the care of the patient.
- Care among multiple providers is coordinated through the medical home.
- A central record or database containing all pertinent medical information, including hospitalizations and specialty care, is maintained at the practice. The record is accessible, but confidentiality is preserved.
- The medical home physician shares information among the child or youth, family, and consultant and provides specific reason for referral to appropriate pediatric medical subspecialists, surgical specialists, and mental health/developmental professionals.
- Families are linked to family support groups, parent-to-parent groups, and other family resources.
- When a child or youth is referred for a consultation or additional care, the medical home physician assists the child, youth, and family in communicating clinical issues.
- The medical home physician evaluates and interprets the consultant's recommendations for the child or youth and family and, in consultation with them and subspecialists, implements recommendations that are indicated and appropriate.
- The plan of care is coordinated with educational and other community organizations to ensure that special health needs of the individual child are addressed.

Compassionate

- Concern for the well-being of the child or youth and family is expressed and demonstrated in verbal and nonverbal interactions.
- Efforts are made to understand and empathize with the feelings and perspectives of the family as well as the child or youth.

Culturally effective

- The child's or youth's and family's cultural background, including beliefs, rituals, and customs, are recognized, valued, respected, and incorporated into the care plan.
- All efforts are made to ensure that the child or youth and family understand the results of the medical encounter and the care plan, including the provision of (para)professional translators or interpreters, as needed.
- Written materials are provided in the family's primary language.
- Physicians should strive to provide these services and incorporate these values into the way they deliver care to all children.

Table 2: Quality Measures for the Healthcare Home
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CATEGORY	HC Characteristic	MEASURE	TYPE	AGE	RACE/ETHNICITY	SPECIAL NEEDS	REGION	HCPF PROGRAM	PROVIDER
HEDIS	Dental Care	Annual Dental Visits	Process						
HEDIS	Preventive	Adolescent Imm Status	Process						
HEDIS	Primary Care	Ambulatory Care Tot	Process						
HEDIS	Preventive	Medications Use for Asthma	Process						
HEDIS	Preventive	Adol Well-Care	Process						
HEDIS	Qualified	Board Cert and Res Comp	Structure						
HEDIS	Accessible	Call Abandonment	Process						
HEDIS	Accessible	Child Acc Prim Care Provider	Process						
HEDIS	Accessible	Call Answer Timeliness	Process						
HEDIS	Primary Care	Comprehensive Diabetes Care	Outcome						
HEDIS	Preventive	Chlamydia Screening	Process						
HEDIS	Preventive	Chem Dep Inp Dsch ALOS Tot	Process						
HEDIS	Preventive	Childhood Imm Status	Process						
HEDIS	Acute Care	Test Child w/Pharyngitis	Process						
HEDIS	Specialist Care	Freq Sel Procedures	Process						
HEDIS	Preventive	Identification of Alcohol/Drug Srvs Tot	Process						
HEDIS	Hospital Care	Inp Gen Hsp/Acute Tot	Process/Outcome						
HEDIS	Mental Health	MH Inp Dsch ALOS Tot	Process						
HEDIS	Mental Health	MH Pct Rec Care Tot	Process/Outcome						
HEDIS	Hospital Care	Births ALOS Tot	Process						
HEDIS	Hospital Care	Inp Nonacute Care Tot	Process						
HEDIS	Primary Care	Outpatient Drug Tot	Process						
HEDIS	Continuity	Practitioner Turnover	Structure						
HEDIS	Primary Care	Well Ch Vst First 15 Months of Life	Process						
HEDIS	Primary Care	Well Ch Vst in 3rd, 4th, 5th & 6th Yrs of Life	Process						
HEDIS	Acute Care	URI Treat Child w/Upper Resp Inf	Process						
HOSPITALIZATION	Hospital Care	All Hospitalizations	Process/Outcome						
HOSPITALIZATION	Hospital Care	Hospitalization via ED	Process						
HOSPITALIZATION	Hospital Care	APR Severity > 2	Outcome						
HOSPITALIZATION	Hospital Care	Chronic Disease	Outcome						
HOSPITALIZATION	Hospital Care	Asthma	Outcome						
HOSPITALIZATION	Hospital Care	Diabetes	Outcome						
HOSPITALIZATION	Hospital Care	Vaccine-preventable Disease	Outcome						
HOSPITALIZATION	Mental Health	Psychiatric Disease	Outcome						
HOSPITALIZATION	Hospital Care	Appendectomy	Outcome						
HOSPITALIZATION	Hospital Care	Mortality Rate	Outcome						
HOSPITALIZATION	Acute Care	% Hospitalization via Emergency Department	Outcome						
HOSPITALIZATION	Acute Care	Ruptured Appendix (%)	Outcome						
HOSPITALIZATION	Hospital Care	Charges per Insured	Process						
CCHAP	Accessible	Time to first available appointment	Process						
CCHAP	Accessible	Dropped telephone call rate	Process						
CCHAP	Accessible	Secret shopper assessment	Process						
CCHAP	Community-based	Percent of Medicaid/CHP+ children unassigned in neighborhood/county	Structure						
CCHAP	Accessible	Percent of patient panel devoted to Medicaid and CHP+	Structure						
CCHAP	Special Needs	Physically accessible (AD A10)	Structure						
CCHAP	Continuity	Rate of visits to the PCP / visits to other primary care sites	Process						
CCHAP	Comprehensive	Secret shopper calls to practices after hours	Process						
CCHAP	Comprehensive	Ratio of documented after-hours telephone calls handled / number of after-hours emergency department visits	Process						
CCHAP	Preventive	Preventive care visits / expected preventive care visits for age	Process						
CCHAP	Preventive	Preventive care visits / acute care visits	Process						
CCHAP	Preventive	Immunization rates	Process						
CCHAP	Preventive	Vaccine-preventable disease rate	Process						
CCHAP	Mental Health	Referral rate to mental health provider / expected (range)	Process						
CCHAP	Dental Health	Patient's dental visit rate (compared to expected)	Process						
CCHAP	Comprehensive	Documentation of developmental screening	Process						
CCHAP	Comprehensive	Referral rate to Part C	Process						
CCHAP	Coordinated	Document that an Individual Care Plan is in the medical record for all Children with chronic disease or special needs.	Process						
CCHAP	Coordinated	Documentation in the chart regarding care of specialists	Process						
CCHAP	Continuity	Accessible central record	Structure						
CCHAP	Communication		Process						